

File Original and First Copy with  
Department of Ecology  
Second Copy—Owner's Copy  
Third Copy—Driller's Copy

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 107 96

Water Right Permit No.

(1) OWNER: Name John Patton

Address 7036 S Maxwell Clinton

(2) LOCATION OF WELL: County ISLAND

NW 1/4 SW 1/4 Sec 33 T. 29 N. R. 3 E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 7036 Maxwell Clinton

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal  
☐ Irrigation ☐ Test Well ☐ Other

(4) TYPE OF WORK: Owner's number of well (if more than one) 1

Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 89 feet. Depth of completed well 89 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6 ft. Diam. from 0 ft. to 84 ft.  
Welded ☒ ft. Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ ft. Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ ft. Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name COOK

Type STAINLESS Model No. \_\_\_\_\_

Diam. 6 Slot size 10 from 84 ft. to 89 ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.

Material used in seal BENTONITE

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_

Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level 50- ft.

Static level 21 ft. below top of well Date 8-93

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of test \_\_\_\_\_

Ballist test 10 gal./min. with 25+ ft. drawdown after 2 hrs.

Airtest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☒

## WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formally describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
HARD PAN	0	21
SANDY CLAY	21	58
SAND	58	69
CLAY	69	84
WATER SAND	84	89

DEPT. OF ECOLOGY

Work started 8/30, 1993 Completed 8, 1993

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDREY DRILL (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR

(Signature) Henri John License No. 129 (WELL DRILLER)

Contractor's Registration No. WHIDREY Date Aug 30, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

Unique Well Tag No: APH009

## RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

## WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Sybil Water System/Outdoor Class

RECEIVED

Street Address: \_\_\_\_\_

APR 05 2007

City: LANGLEY

State: WA

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## WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: French Rd/R32933-237-1210

City: Clinton

County: Island

T. 29N

R. 03E W.M.

Sec. 33

NW 1/4 of the SW 1/4

## FOR AGENCY USE ONLY

Latitude: 47 57.37029

Longitude: 122 26.16008

Elevation at land surface 15 feet meters (circle one)

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map

☒ Other: Computer Generated from  
DEM and GPS XY Coordinates

Additional Information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

Tag placed and well  
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Behind 3293 French Rd. Follow Path Straight Ahead. Pumphouse Is On Right

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 29N/03E-33

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # \_\_\_\_\_

Date Issued: \_\_\_\_\_

Circle One:    Application                      Permit                      Certificate                      Claim                      Exempt

File Original and First Copy with  
Department of Ecology  
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29/3E/33M  
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(WELL DRILLER)

Contractor's Registration WAHD289MM Date Aug 30, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)